

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 141800016		CITY OR TOWN	WEST SPR	RINGFIELD
APPLICATION FO	R RENEWAL:	Seasonal	LICENSED FOR 2015		
		CLASS			YEAR
LICENSEE NAME:	AL & VAL INC				
DOING BUSINESS	A CHARLES DINER				
ADDRESS 218 Unio	on st				
CITY/TOWN: WE	ST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
	ANO, TYPE CHELLE K.	OF LICENSE: Res	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	YOUR EMAIL ADDRESS IS REQU	UIRED. PLEASE PRINT CI	EARLY.		
	LICENSED PREMISES				
	EXITS. 1ST FLR TOTAL		GE 9216		
•	swear under penalties of				
	ved license will be of the		_		
	see has complied with all		_	taxes; and	
5. the premi	ises are now open for bu	smess (II not expir	illi below)		
SIGNED BY	Individual, Partner or	Authorized Corpo	orate Officer		
DATE:		(DED	EMDI OVED	IDENTIFICAT	TON NUMBER.
DATE.	TELEPHONE I	NUMBER:	(Note: NOT Indi		ION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are in d by the building inspe (2) the certificate of lig	ector and the head	l of the fire departn	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	ain)				
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800027		CITY OR TOWN	WEST SPRINGFIELD	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS		YEAR	
LICENSEE NAME: NORTH GARDEN DOING BUSINESS A NORTH GARDEN				
ADDRESS 42 MYRON ST				
CITY/TOWN: WEST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: Wong, Ka Kin TY	PE OF LICENSE:Re	estaurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMI SEATING CAPACITY FOR 85 PERSONS, ALLOCATED TO KITCHEN AND RESTRO I hereby certify and swear under penalties 1. the renewed license will be of 2. the licensee has complied with 3. the premises are now open for	TOTAL AREA IS 2700 DOMS. s of perjury that: the same type for the hall laws of the Comb	e same premises now monwealth relating to	licensed;	
SIGNED BY Individual, Partner	r or Authorized Corp	orate Officer		
DATE: TELEPHON	NE NUMBER:		IDENTIFICATION NUMBER:	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the hea	d of the fire departn	nent for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS	ING AUTHORITY	
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800060	CIT	Y OR TOWN	WEST SPRINGFIELD	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS		YEAR	
LICENSEE NAME: CENTURY BUFFET	C, INC			
DOING BUSINESS A				
ADDRESS 247 MEMORIAL AVE				
CITY/TOWN: WEST SPRINGFIELD	STATE: MA	ZIP CODE:	01089	
MANAGER: YE, ZUE LING TYPE	OF LICENSE: Restaura	nt CA	TEGORY: All Alcohol	
EMAIL ADDRESS:				
YOUR EMAIL ADDRESS IS REQ	UIRED. PLEASE PRINT CLEARLY			
DESCRIPTION OF LICENSED PREMISE				
SELF CONTAINED KITCHEN AND RESTAU DOCK		ENTRANCE AN	ID EXIT. LOADING	
	6		_	
I hereby certify and swear under penalties of 1. the renewed license will be of the		nramicae now	icansad:	
2. the licensee has complied with al	• •	-		
-		_		
3. the premises are now open for bu	isiness (if not explain be	iow)		
3. the premises are now open for bu	isiness (if not explain be			
SIGNED BY	isiness (If not explain be	now)		
SIGNED BY	r Authorized Corporate (
SIGNED BY				
SIGNED BY Individual, Partner or				
SIGNED BY	r Authorized Corporate (Officer EMPLOYER	IDENTIFICATION NUMBER:	
SIGNED BY Individual, Partner of	r Authorized Corporate (Officer EMPLOYER	IDENTIFICATION NUMBER: vidual Social Security Number)	
SIGNED BY Individual, Partner of DATE: TELEPHONE We the undersigned, attest that we are in	r Authorized Corporate (NUMBER: n possession (1) the cert	Officer EMPLOYER (Note: NOT Indi	vidual Social Security Number) d by Chapter 304 of the	
SIGNED BY Individual, Partner of DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspector.	n Authorized Corporate (NUMBER: n possession (1) the certector and the head of the	Officer EMPLOYER (Note: NOT Indi	vidual Social Security Number) d by Chapter 304 of the nent for the above	
SIGNED BY Individual, Partner of DATE: TELEPHONE We the undersigned, attest that we are in	n Authorized Corporate (NUMBER: n possession (1) the certector and the head of the	Officer EMPLOYER (Note: NOT Indi	vidual Social Security Number) d by Chapter 304 of the nent for the above	
SIGNED BY Individual, Partner of DATE: TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license.	NUMBER: n possession (1) the cert ector and the head of the quor liability insurance.	EMPLOYER (Note: NOT Indicate require the fire department required by Compared to the compared	vidual Social Security Number) d by Chapter 304 of the nent for the above	
SIGNED BY Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of licof 2010. Please Check Below: APPROVED:	NUMBER: n possession (1) the cert ector and the head of the quor liability insurance.	EMPLOYER (Note: NOT Indicificate require the fire department of required by COCAL LICENS)	d by Chapter 304 of the nent for the above Chapter 116 of the Acts	
SIGNED BY Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of licof 2010. Please Check Below: APPROVED: DISAPPROVED:	n Authorized Corporate (NUMBER: n possession (1) the cert ector and the head of the cort quor liability insurance LC	EMPLOYER (Note: NOT Indicificate require the fire department of required by COCAL LICENS)	d by Chapter 304 of the nent for the above Chapter 116 of the Acts	
SIGNED BY Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of licof 2010. Please Check Below: APPROVED:	n Authorized Corporate (NUMBER: n possession (1) the cert ector and the head of the cort quor liability insurance LC	EMPLOYER (Note: NOT Indicificate require the fire department of required by COCAL LICENS)	d by Chapter 304 of the nent for the above Chapter 116 of the Acts	
SIGNED BY Individual, Partner of TELEPHONE We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of licof 2010. Please Check Below: APPROVED: DISAPPROVED:	n Authorized Corporate (NUMBER: n possession (1) the cert ector and the head of the cort quor liability insurance LC	EMPLOYER (Note: NOT Indicificate require the fire department of required by COCAL LICENS)	d by Chapter 304 of the nent for the above Chapter 116 of the Acts	



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 14180	0064		CITY OR TOWN	WEST SPR	INGFIELD
APPLICATION FOR RENE	WAL: S	easonal	LICENSED FOR 2015		
	(CLASS			YEAR
LICENSEE NAME: SRISU DOING BUSINESS A SHA		E			
ADDRESS 1455 RIVERDA	LE STREET				
CITY/TOWN: WEST SPRI	NGFIELD STA	TE: MA	ZIP CODE:	01089	
MANAGER: NINSRI, JIR	AWAT TYPE OF LI	CENSE: Res	taurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
YOUR EMA	AIL ADDRESS IS REQUIRED. PI	LEASE PRINT CL	EARLY.		
DESCRIPTION OF LICENS					
1701 SQ.FT. 1 STORY BUILD NORTH SIDE OF BUILDING. SEATING IN DINIG ROOM A	TWO (2) HANDICAP A	ACCESSIBLE	E RESTROOMS. SUS		
I hereby certify and swear un	der penalties of perjur	y that:			
1. the renewed licens	se will be of the same	type for the	same premises now	licensed;	
2. the licensee has co	omplied with all laws of	of the Comn	nonwealth relating to	taxes; and	
3. the premises are n	ow open for business	(If not expla	in below)		
SIGNED BY Indivi	dual, Partner or Autho	orized Corpo	rate Officer		
DATE:	TELEPHONE NUMB	BER:			ION NUMBER:
			(Note: NOT Individual Social Security N		ecurity Number)
We the undersigned, attest Acts of 2004, signed by the named license and (2) the of 2010.	building inspector a	nd the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800065		CITY OR TOWN	WEST SPR	INGFIELD
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS			YEAR
LICENSEE NAME: BUENO WES				
ADDRESS 935 RIVERDALE STRE	EET, UNIT 5			
CITY/TOWN: WEST SPRINGFIE	LD STATE: MA	ZIP CODE:	01089	
MANAGER: LOWRY, ROVBERT A.	TYPE OF LICENSE: Re	staurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
YOUR EMAIL ADDRE	ESS IS REQUIRED. PLEASE PRINT CI	LEARLY.		
DESCRIPTION OF LICENSED PR	EMISES:			
FAST CASUAL RESTAURANT SERV FOOTAGE: 2000, NUMBER OF ENTR AND SEATING CAPACITY: 52				
I hereby certify and swear under pen	alties of perjury that:			
1. the renewed license will be	be of the same type for the	same premises now	licensed;	
2. the licensee has complied	with all laws of the Com	nonwealth relating to	taxes; and	
3. the premises are now ope	n for business (If not expl	ain below)		
SIGNED BY Individual, Pa	urtner or Authorized Corpo	orate Officer		
DATE: TELED		EMBLOVED	IDENTIFICAT	ION NUMBER.
TELEP.	HONE NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)
We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certificatof 2010.	ng inspector and the head	d of the fire departn	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
		-		
DATE:				



www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800066		CITY OR TOWN	WEST SPRINGFIELD	
APPLICATION FOR RENEWAL:	Seasonal	LICENSED FOR 2015		
	CLASS		YEAR	
LICENSEE NAME: JOHN HUAN	G			
DOING BUSINESS A PHO BQ VI	ETNAMESE CUISINE			
ADDRESS 764 RIVERDALE STRE	EET			
CITY/TOWN: WEST SPRINGFIE	LD STATE: MA	ZIP CODE:	01089	
MANAGER: HUANG, JOHN	TYPE OF LICENSE:R	estaurant CA	ATEGORY: Wine and Malt Regular	
EMAIL ADDRESS:				
	ESS IS REQUIRED. PLEASE PRINT	CLEARLY.		
DESCRIPTION OF LICENSED PR TWO STORY BUILDING	EMISES:			
I hereby certify and swear under pen	alties of periury that:			
1. the renewed license will be		e same premises now	licensed:	
2. the licensee has complied		=		
3. the premises are now ope		=		
SIGNED BY				
Individual, Pa	artner or Authorized Corp	oorate Officer		
DATE: TELEP	HONE NUMBER:		IDENTIFICATION NUMBER:	
		(Note: NOT Indi	ividual Social Security Number)	
We the undersigned, attest that w Acts of 2004, signed by the buildin named license and (2) the certification of 2010.	ng inspector and the hea	ad of the fire departn	nent for the above	
Please Check Below:		LOCAL LICENS	ING AUTHORITY	
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
				
DATE:				